

Overlake Breast Diagnostic and Screening Center
 1135 116th Ave NE Suite 200
 Bellevue WA 98004

Overlake Breast Screening – Issaquah
 1740 NW Maple St Suite 207
 Issaquah WA 98027

Patient First Name _____ Patient Last Name _____ DOB _____

Phone Number _____ Insurance Carrier & ID # _____

SCREENING:

- Mammogram - No symptoms or clinical findings in either breast (referral not needed).
- Supplemental Ultrasound (E.g. dense breast tissue; elevated lifetime for breast cancer)

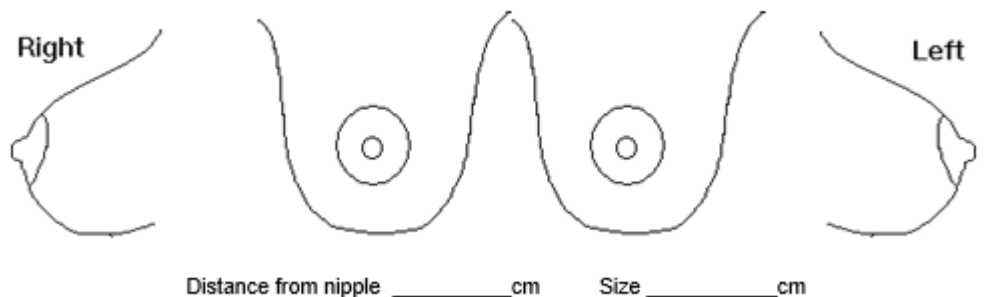
DIAGNOSTIC:

- Diagnostic Evaluation – May include the following: Mammography, Ultrasound, Cyst Aspiration, Percutaneous Core Needle Biopsy or Galactography.
- Breast MRI
- Other

ICD10 CODE REQUIRED

- Dominant Lump (see anatomical area)
- Personal History of Breast Cancer
- Persistent and Focal Pain (patient can point to area of pain and pain is not cyclic in nature)
- Skin Dimpling/Nipple Retraction
- Mastitis
- Axillary Lymphadenopathy
- Implants/Augmentation Problem

MUST INDICATE AREA(S) OF CONCERN



ICD10 CODE(S) _____

Referring Physician Name (Please print) _____ Office Contact _____

Referring Physician Signature _____ Date _____